

# APPLICATION FOR RESTAURANT PERMIT

Fond du Lac County Health Department

160 South Macy Street  
Fond du Lac WI 54935  
920/929-3085

INSTRUCTIONS: Please answer all of the following questions and return to the above address.  
Please type or print.

<b>1) NAME OF OPERATOR</b> (If partnership, list all partners: if corporation, give name and agent)		<b>TELEPHONE</b> (   ) (   )	
<b>2) LOCATION OF BUSINESS:</b> (Street number & name, route number, highway & other address details)			
<b>(City/Village/State)</b>		<b>ZIP CODE</b>	
<b>3) MAILING ADDRESS</b> (if same location, write "same")			
<b>4) NAME OF BUSINESS:</b>			
<b>5) Check all that apply:</b> Facility seats 50 or more      Drive-up/ walk service window      Delivery Salad/Food bar      Catering      Banquet facilities <b>List Menu Items:</b>			
<b>Please Note:</b> <b>Permit year is July 1 - June 30.</b> <b>All permits expire on June 30.</b> <b>Permit is not transferable.</b> <b>Permit is not pro-rated.</b>			
<b>6) Date you wish to begin operation:</b>  <i>(Scheduling for a pre-license inspection visit may take up to 15 days from date of request –Call for appointment – 920/929-3085 Please plan ahead.)</i>		<b>7) Operational during:</b> (check one) Seasonal      Year around	
<b>8) Private well?</b> Yes      No Last test date _____ Result?      Safe      Unsafe			
<b>9) Former Operator</b>		<b>Name of Business</b> <b>I.D. Number</b>	
<b>10) Signature of Operator/Agent completing this application:</b>			
<b>Name</b>		<b>Position or Title</b>	<b>Date</b>

Office Use Only

Pre-inspection Fee \_\_\_\_\_ Paid      Date \_\_\_\_\_      License Fee \_\_\_\_\_ Paid      Date \_\_\_\_\_